

#7/B

Attorney's Docket No.: 004704.P001

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Scott Faber, et al.

Serial Number: 09/414,710

Filed: October 8, 1999

For: SYSTEM FOR PROVIDING
SERVICES IN REAL-TIME OVER
THE INTERNET



Examiner: Not Yet Assigned

Art Unit: Not Yet Assigned

2700 MAIL ROOM

APR -4 2000

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Assistant Commissioner of Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits of the above-reference patent application, please enter the following:

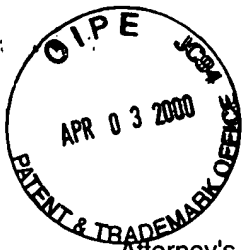
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TC 2700 MAIL ROOM

Attorney's Docket No.: 004704.P001

In re the Application of: Scott Faber, et al.
(inventor(s))

Application No.: 09/414,710

Filed: October 8, 1999

For: SYSTEM FOR PROVIDING SERVICES IN REAL-TIME OVER THE INTERNET.

(title)

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

SIR: Transmitted herewith is a **Preliminary Amendment** for the above application.

☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 47	Minus	** 65	0
Indep. Claims	* 6	Minus	*** 6	0
First Presentation of Multiple Dependent Claim(s)				

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

SMALL ENTITY	
Rate	Additional Fee
X9	\$
X39	\$
+130	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X18	\$ 0
78	\$ 0
+260	\$
Total Add. Fee	\$ 0

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_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s)
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.


X Any extension or petition fees under 37 C.F.R. § 1.17.

Date:

3/31/00

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